



Wisconsin Department of Public Instruction  
**CHILD AND ADULT CARE FOOD PROGRAM**  
**SITE APPLICATION—ADULT DAY CARE CENTER**  
PI-1487-B (Rev. 05-06)

**INSTRUCTIONS:** Complete in duplicate. Return with signed copies of the Child and Adult Care Food Program Application/Agreement (PI-1486) to:

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**  
**ATTN: ELLEN SULLIVAN**  
**COMMUNITY NUTRITION TEAM**  
**P.O. BOX 7841**  
**MADISON, WI 53707-7841**

Agreement Number		Site Number	
1. Name of Center			
2. Address of Center Street, City, State, ZIP			3. Telephone Area/No.
4. Name of Person in Charge of Center		5. Name of Sponsoring Organization or Institution <i>If different from Center</i>	
6. Is site licensed or approved by a Federal, State or local authority? <input type="checkbox"/> Yes—If yes, attach copy of license or approval document. <input type="checkbox"/> No—If no, site is not eligible to participate in the Child and Adult Care Food Program (CACFP).			7. Tax Status of Site <i>Check one</i> <input type="checkbox"/> Public <input type="checkbox"/> For Profit <input type="checkbox"/> Private, nonprofit
8. Operation <i>Must be within limits stated on license or certification.</i>			
A. Hours of Operation From: To:		B. Days of Operation <i>Check (✓)</i> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S	C. Licensed or Certified Capacity
D. License Expiration Date			
9. Does site close for periods of one month or more? <input type="checkbox"/> No <input type="checkbox"/> Yes — <i>If yes, specify dates:</i>			
10. Does the center receive reimbursement for meals served under Title III of the Older Americans Act?  <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Estimated Enrollment by Need Category		15. A. Food Service Data <i>Reimbursement may be made only for meals approved by DPI.</i>
	Category	Number Enrolled	Requested Meal Type
	A. Participants not eligible for free or reduced categories (non-needy)		<input type="checkbox"/> Breakfast
	B. Participants eligible for reduced category		<input type="checkbox"/> AM Snack
	C. Participants eligible for free category		<input type="checkbox"/> Lunch
	D. TOTAL enrollment at this site		<input type="checkbox"/> PM Snack
11. Does the center receive USDA donated foods (commodities)?  <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Supper
12. Meal Prep	Meal Prep—Enter “1” for Self Prep, “2” for Central Kitchen, “3” for Vendor or School, “4” for Food Service Management Company. If “3” or “4” is entered, attach copy of completed contract(s).		B. Has the “offer vs. serve” provision been implemented for this site? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Type	Type—Enter “A” for Nonprofit or Public Adult Day Care Center, “N” for Title XIX Center, “T” for Title XX Center.		
16. If more than two meals and one snack or two snacks and one meal are listed in item 15, explain (page 2) how you will insure that reimbursement is not claimed for more than two meals and one snack <b>OR</b> two snacks and one meal per day for each enrolled participant.			
17. If the estimated Average Daily Participation (ADP) for any given meal service(s) <b>exceeds</b> the licensed capacity of the center (site), provide an explanation (page 2). If conducting “shift” feeding, indicate this on page 2, and list the time of each shift meal service in box #15.			
<b>Write your responses to items 16 and 17 on page 2 of this form.</b>			
18. Does the center serve functionally impaired adults? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, center is not eligible to participate in the CACFP.</i>			

**CERTIFICATION**

**I CERTIFY** that the information on this form is true and accurate to the best of my knowledge and that reimbursement will be claimed only for meals served to enrolled participants during the hours they are in attendance at the institution. Reimbursement will not be claimed for meals served to participants at any one time in excess of the center's authorized capacity. I understand that the application is being made in connection with the receipt of federal funds. Deliberate misrepresentation of the information may subject the applicant to prosecution under applicable state and federal criminal statutes.

Name of Site Supervisor	Signature ➤	Date Signed
Name and Title of Sponsor's Authorized Representative	Signature ➤	Date Signed

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800)795-3272 or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer.

	Write your response to Item16 below.	
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	Write your response to Item17 below.	
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	Breakfast	AM Snack	Lunch	PM Snack	Supper	Additional Snack	License Expiration	Effective Date
Original								
Rev 1								
Rev 2								
Rev 3								
Rev 4								
Rev 5								
Rev 6								